DOCUMENT RESUME

ED 287 116 CG 020 245

AUTHOR Arndt, Nancy Y.
TITLE Is There Light at the End of the Tunnel?
PUB DATE 24 Oct 86
NOTE 21p.; Paper presented at the Annual Conference of the American Association for Marriage and Family Therapy (44th, Orlando, FL, October 23-26, 1986).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counseling Techniques; Creative Thinking; *Imagery; Problem Solving; *Psychotherapy; Relaxation Training; *Visualization

ABSTRACT

The capacity to produce imagery has been regarded as a powerful agent in the healing process and the use of mental imagery as a healing technique is well established. Freud developed the technique of free association and Jung developed several innovative imagery techniques designed to explore the unconscious. Others have used imagery and visualization to help patients with terminal cancer and with other medical problems. Visualization has also been used in psychotherapy with families and couples. This paper describes the steps in the process of visualization and presents techniques and exercises found to be beneficial in working with clients in psychotherapy. A discussion of how to become relaxed is followed by an explanation of the four steps for effective creative visualization: (1) set a goal; (2) create a clear idea or picture; (3) focus on this picture often; and (4) give positive energy to the goal. Other areas discussed include conditions that foster imagery, using imagery in the therapeutic process, the mind's eye, visualizing pain, using visualization to aid in problem solving, visualization for weight problems, and raising one's energy level. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED287116

Is There Light at the End of the Tunnel?

A supplement to presentation #508: Visual and Mental Imagery in the Treatment of Couples and Families

by: Nancy Y. Arndt, Ph.D.
26 Imperial Avenue
Westport, Ct. 06880
(203) 222-8263

Presented at the American Association of Marriage and Family Therapy. 44 Annual Conference, October 24, 1986, Orlando, Florida.

CG 020245

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Nancy Y. Arndt

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

"Man is not disturbed by events, but by the view he takes of them."

Epictetus

Introduction

The capacity to produce imagery has been regarded as a powerful agent in the healing process. During the last decade this phenomenon has become much more popular: the medical and psychological domain are proclaiming that imagery plays a vital role in both mental and physical health, and numerous experimental and clinical investigations support this approach. It has been shown that mental images can bring about rapid and far-reaching emotional, psychological, and physiological changes.

The use of mental imagery as a healing technique is well established. Countless instances of the invocation of imagery to facilitate therapeutic change can be cited. Psychotherapists, nurses, neurologists, and hypnotists are among the modern-day healers who might employ imagery to alleviate the physical and psychological suffering of their patients. Currently, specific imagery techniques are used to promote weight control, to stop smoking, to ease post-surgical complications, to cure skin diseases, to assist in the removal of an abscessed tooth or in the treatment of a sex offender. Despite visual and mental imagery's recent emergence as a therapeutic tool, the roots of this new technique may date back to the ancient Hebrew mystics, who recognized the relationship of images to events that went beyond normal experience. In more recent times, psychotherapists have utilized a variety of imagery techniques to tap the contents of the subconscious mind. For example, Hermann Rorschach, the Swiss psychiatrist, used standardized ink-blot designs to assess the psychological relevance of various images and emotions to his patient's mental states.

Freud developed a technique he called "free association" as a way of reading the unconscious. He believed that the unconscious was the repository of instinctual and forbidden desires and fears that were outside of conscious awareness, and that through the process of free association, much of this rich information could be evaluated.

Carl Jung contended that the unconscious held more than just our forbidden desires and fears, but also was the repository of our deepest, most positive hopes for fulfillment and self-actualization. He developed several innovative imagery techniques designed to explore these aspects of the unconscious. Jung, in his work in the early part of this century, used a technique for healing which he referred to as "active imagination." He instructed his patients to meditate without having any goal or program in mind. Images would come to consciousness which the patient was to observe and experience without interference. Later, if he or she wanted, the patient could actually communicate with the images by asking them questions or talking to them.

Jung used active imagination to help the individual appreciate his or her own rich inner life and learn to draw on its healing power in times of stress. Jungian and Gestalt therapists have since devised several stress reduction techniques utilizing the intuitive imaginative part of the mind. Davis, Eshelman & McKay (1982).

Perhaps the most dramatic use of these ideas is in the work of Dr. Carl Simonton and Stephanie Simonton who use visualization along with traditional medical therapy on patients with terminal cancer. Simonton, Matthews-Simonton & Creighton (1978).

The Simontons accept for treatment only those patients who are willing to take responsibility for their disease, that is, who look at what was happening in their lives that led to the disease and will then do whatever is necessary to make themselves well.

The Simontons' approach is twofold. Those who come to treatment work individually and in groups to explore what may have caused the disease and their reasons for wanting to live--and die. They are also taught a deep-relaxation exercise after which they visualize; three times a day. In their visualization, they see their cancer and then imagine an army of healthy white blood cells swarming over it to carry off the malignant cells. The white cells flush out the malignant cells and the patient then sees himself as healthy, with his immunological system working perfectly.

Patients have reported seeing the white blood cells become a knight in shining armor on a white horse, or a crab, or a frogman in a black wetsuit. If they are receiving medical treatment at the same time, the cobalt rays or pills take on symbolic roles in the mental warfare.

In order to be effective, the visual imagery must see the white blood cells as strong and powerful, and the cancer cells as weak, confused, and easily destroyed. One patient's cancer grew despite regular visualization. It was discovered too late that he saw the cancer as a huge rock, the treatment as a stream of water, and the white blood cells as tiny scrub brushes. A part of him felt helpless and didn't really want to get well, and this is the way it showed itself.

The Simontons insist that their patients look for the answer to the underlying question, "Why did I need my cancer in the first place?" They also ask their patients to look for meaning in the location of the tumor. For example, the professional singer must ask himself why he developed throat cancer.

Why and how do these visualizations work? The Simontons have found that a person's active imagination can discover the cause and then create the cure for his or her own cancer. The mental pictures are so powerful, in fact, that they can prod the body's immunological system into

destroying even the most widespread malignancy.

A family physician, Irving Oyle (1975), has described a variety of imagery techniques used to treat many different kinds of medical problems. He believes that we are normally in contact with only 10 percent of our brain, and that imagery is a way to find out what the other 90 percent thinks about.

Dr. Oyle uses both traditional and new systems in his practice. He works with acupuncture and prescribes antibiotics. He uses sonopuncture (high-frequency sound) and sets broken bones. An interesting part of his practice is his use of visualization.

Dr. Oyle helps his patients deeply relax and then asks them to go to a lake and wait for an animal or figure to appear. The animal or figure, he says, will tell them precisely what in their life they have been doing to stimulate the symptom. He explains this is a person's connection with God, the universe, the other side of the brain. He explains it further:

"When a winged fairy, a butterfly, or a wise old man appeared in the mind's eye of a human primitive, he or she did not question the experience. In those days, the stuff which was going on inside your head when your eyes were closed seemed just as real as the things that were going on inside your head when your eyes were open. Today, people with vivid dreams or active imaginations, he says, are being told to stamp these inner visions out in the name of mental health! Oyle (1976).

Following scores of successes using this technique, Dr. Oyle suggests that the next time we feel an emotional charge or stub our toes, we don't name it or look for a reason, but instead, we meditate on the events and look for a message.

Time and space limitations do not permit a detailed discussion of the various imagery approaches. (For a more complete and detailed background, I highly recommend Jerome L. Singer's book: Imagery and Daydream Methods in Psychotherapy and Behavior Modification. New York: Academic Press, 1974).

As a psychotherapist working with a wide variety of couples and families in private practice, I have been highly motivated to find certain techniques and exercises that can aid in attaining higher levels of competence in assisting my clients in their process of change.

I would like to share some of these exercises that have been found to be most beneficial.

However, before I proceed with the exercises, I find it necessary to include a description of just what the process of visualization actually entails. The first step, as in all imagery, is to put yourself in a relaxed, receptive state.

Take a comfortable position in a chair, with your feet

flat on the floor, or lying down on a couch or mat. Feel the pleasant pressure of the chair or other surface on your buttocks and back.

Gently pay attention to your breathing as you let your breaths come in a natural rhythm, without hurrying them or trying to slow them down.

Now take a few calm, deep breaths, and as you exhale, think the words "relax, let go."

Direct your attention to your face, eyes and jaw. Feel whatever tension is concentrated there. Now make a mental image of that tension, such as a coiled spring, a stretched rubber band, a block of ice melting, or a rope tied in a knot. Then picture that tense object relaxing, uncoiling, loosening. Feel that relaxation in every part of your face. Momentarily contract every muscle in your face, squeeze your eyes and mouth tightly shut, then let them relax as you continue to see your spring, rubber band, or rope becoming limp.

Experience the relaxation in your face as the beginning of a wave that is spreading throughout your body. You may experience this wave as a sensation of heaviness, lightness or tingling, of pleasant warmth or (in the summer) delicious coolness. Move your mind now to each area of your body--your neck, shoulders, arms, hands and fingers, chest, back, abdomen, hips and genitals, thighs, lower legs, all the way down to your feet and toes. Momentarily tense each part, then let go as you concentrate on your mental image of relaxation. Experience the wave of relaxation spreading throughout your body as you do this. Then remain in this peaceful state for five minutes or so.

When you are ready to arise, simply let your mind focus on the sounds of the room, gradually let your eyelids become lighter, then open your eyes. Slowly get up and notice how you can combine the feeling of relaxation with the alertness needed for your everyday activities.

If your mind wanders or you feel tense, you have two choices. You can respond to the thoughts that are leading your mind astray, such as "Did I leave the dishwasher on?" You can go look, then come back and finish your meditation. Or you can decide not to answer those thoughts, and let go of them. Just remember that relaxation will quickly become easier with practice, then guide your mind gently back to the relaxation process. Siegel (1986). (This is only one of numerous relaxation exercises that can be utilized in achieving relaxation. The reader is invited to explore other resources or to develop an original adaptation of their own making.)

After one becomes relaxed, one is then able to proceed to the Four Basic Steps for Effective Creative Visualization:

1. Set Your Goal

Decide on somethimg you would like to have, work toward, realize, or create. It can be on any level--a job, a house, a relationship, a change in yourself, increased prosperity, a happier state of mind, improved health, beauty, or better physical condition, or whatever.

At first, choose goals that are fairly easy for you to believe in, that you feel are possible to realize in the fairly near future. That way you won't have to deal with too much negative resistance in yourself, and you can maximize your feelings of success as you are learning creative visualization. Later, when you have more practice, you can take on more difficult or challenging problems.

2. Create a Clear Idea or Picture

Create an idea or mental picture of the object or situation exactly as you want it. Think of it in the present tense as already existing the way you want it to be. Picture yourself with the situation as you desire it, now. Include as many details as you can.

3. Focus on it Often

Bring your idea or mental picture to mind often, both in quiet meditation periods, and also casually throughout the day when you happen to think of it. In this way it becomes more of a reality for you, and you project it more sucessfully.

Focus on it clearly, yet in a light, gentle way. It's important not to feel like you are striving too hard for it or putting an excessive amount of energy into it--that would tend to hinder rather than help.

4. Give it Positive Energy

As you focus on your goal, think about it in a positive, encouraging way. Make strong positive statements to yourself: that it exists, that it has come or is now coming to you. See yourself reaching or achieving it. These positive statements are called "affirmations." While you are using affirmations, try to temporarily suspend any doubts or disbeliefs you may have, at least for the moment, and practice getting the feeling that that which you desire is very real and possible.

Continue to work with this process until you achieve your goal, or no longer have the desire to do so. Remember that goals often change before they are realized, which is a perfectly natural part of the human process of change and growth. So don't try to prolong it any longer than you have energy for it--if you lose interest it may mean that it's time for a new look at what you want.

If you find that a goal has changed for you, be sure to acknowledge that to yourself. Get clear in your mind about the fact that you are no longer focusing on your previous goal. This helps you avoid getting confused, or feeling like you've "failed" when you have simply changed.

When you achieve a goal, be sure to acknowledge consciously to yourself that it has been completed. Often we achieve things which we have been desiring and visualizing, and we forget even to notice that we have succeeded! Gawain (1978).

SPECIAL CONSIDERATIONS

If you have difficulty visualizing, try the following simple exercise: Close your eyes and recall your bedroom, a pleasant recent or childhood experience, or what you had for breakfast, in as much detail as possible. Pay attention to colors, shapes, and lighting as well as smells, tastes, textures, temperature, sounds, physical sensations and feelings. Someone who is not a strong visualizer usually has a well-developed memory which favors another sense, such as the sense of smell, physical sensation, or hearing. If this is true for you, recall an experience by tuning into whatever sense is easiest for you, and then imagine associated visual images. You may decide to concentrate on whatever sensory images you can most easily attain, or to expand gradually into images involving two or more senses.

Unrecognized negative visualizations counteract the effects of the positive visualizations you consciously hold in your mind. It is therefore important to deal with any negative visualizations that occur to you in addition to your positive ones. The negative visualizations underlie areas of dissatisfaction in your life. Fpr example, a woman who was 30 pounds overweight had the following negative visualizations:

1. She saw herself as fat in the future as well as now.
2. When she visualized herself as slender, she saw men sexually harrassing her--a very frightening image.
3. When she visualized herself as slender, she also saw people rejecting her for reasons other than her weight.
4. When she visualized herself as fat, she saw her husband loving her for "herself."

Looking at her negative visualizations gave her considerable insight into why it was so difficult for her to lose weight. She programmed visualizations that took her fears into account:

1. She pictured herself as slender and assertive so that she could easily deal with sexually aggressive men.

2. She pictured herself as slender and able to handle criticism and rejection. She saw herself as feeling OK about herself.
3. She pictured her husband as loving her "for herself" when she was slender. McKay, Davis & Fanning (1981).

Conditions that Foster Imagery

1) A quiet environment. Inner stimuli, often fragile, are easier to attend to in an environment in which external stimuli (such as distracting noises or interruptions) are absent.
2) Motivation. Attention follows interest, you will more likely see mental pictures when you are motivated to do so (but not over motivated).
3) Relaxed attention. A state of relaxed attention is particularly important to inner imagery. Without a certain degree of relaxation, imagery is suppressed. Without a modicum of attention, imagery is random. What is needed, particularly in the eye muscles, is "optimal tonus."
4) Find the locus of your imagery. For some people, inner imagery is "out there", in front of the eyes. For others, mental pictures are experienced in the middle of the forehead or in the back of the head. Some people see mental pictures more readily with their eyes open; others with eyes closed. Experimentation will help you find the locus of your imagery. McKim (1980).

Using Imagery in the Therapeutic Process

Here is one of the most therapeutic imaginary situations I use. Spend as much time as you like on this image, and note in detail what is on the right, the left, and in front and in back of you. Do not expect to understand all the ramifications of this image at once. You may want to go back to it more than once until you elicit all the complexities involved:

You are in the center of four walls. Each wall is ten feet by ten feet. You are to imagine something on each wall.

The "Four Walls" as an imaginary situation, can be very enlightening for individuals that have trouble following a more structured exercise. Highly creative individuals have reported that this image could reveal the "being in the world" of an individual. Indeed, for some persons this is an adequate explanation and does quite verifiably represent the person's "world view." However, the symbolic predictability of the front view as the future and the back view as the past does not always apply to this image. No specific pattern of predictability seems to occur in contrasting right and left sides. Yet despite the lack of predictability, the material

elicited can be of the most unique and meaningful, and sometimes the most powerful, of any imaginary situation offered.

The image often leads to past memory images. Imagery that reveals previously undetected conflict may be seen on some of the walls. To develop this kind of imagery, ask yourself at which wall you would like to spend the most time and at which wall you would like to spend the least.

One wall may be more emotionally charged for you than others. You may want to imagine entering the wall, and continue the imagery. This may help you clarify conflicts, recognize certain areas of defensiveness, and become aware of characteristic styles of behavior. The variations are enormous. Be prepared to use your creativity as your image reveals heretofore undetected conflicts and feelings. Don't be afraid to go where your images take you. Schorr (1977).

The Mind's Eye

The mind's eye, spontaneously active in dreaming, can also be consciously directed. Unlike the sensory eye, which is bound to the here-and-now, the mind's eye can travel in space and time to the there-and-then, can entertain fantasy, can form, probe, and manipulate structures and abstract ideas, can obtain insight into realities that have not yet been seen; and can foresee future consequences of present plans. "The faculty of imagination," wrote Dugald Stewart, "is the principle source of human improvement."

Arnold Lazarus(1977), who has written a book entitled In the Mind's Eye: The Power of Imagery for Personal Enrichment, further addresses this power of imagination. The basic rule is: If you wish to accomplish something in reality, first picture yourself achieving it in imagination. Thus, if you picture yourself behaving or performing in a certain manner, it will overlap with your performance in the real situation. Fortis Imaginatio generat causeum (a strong imagination generates the actual event). According to Lazarus, if you simply relax and close your eyes, you will most probably have mental pictures. Imagination is sometimes called "the eye of the soul." The technique of imagery is tied in with many theories that explain the virtues of sampling the free-flowing and kaleidoscope pictures and events that pass through the mind's eye.

I strongly believe that when we focus on our mistakes, dwell on our inadequecies, and think about our rejections, we end up expecting to fail, and this negative view becomes a "self-fulfilling prophecy." What Lazarus proposes is a positive view and has found that images of personal mastery pave the way for various skills that add up to "personal effectiveness." For example, Lazarus often takes a negative situation and turns it into a positive one as evidenced in

this Step-up Technique: One simply pictures the worst thing that can happen, and then one vividly imagines oneself coping with the situation--surviving even the most negative outcome. By contrast, when the real situation rolls around, it is most unlikely to be a quarter as bad as the horrors that one has deliberatley called into fantasy.

As a clinician, I have observed that at times when individuals can no longer continue to express experiences verbally, spontaneous images may occur, filling in with perceptual, generally pictorial representations. Also, when therapy seems to have come to a dead end, imagery often uncovers new areas of exploration. Furthermore, I have found that if an impasse is reached on a certain problem, visualizing elements of the problem is more beneficial than utilizing a rational cognitive approach.

One of the most potent exercises I use in my treatment of individuals, couples, and families, is one utilized by Mary Goulding. The use of this exercise is a great aid in getting people "unstuck" or able to move beyond their impasse. While some report what they consider to be a Redecision experienced during the process of the exercise, others report that they have "put to rest" childhood experiences they had previously thought to be tramatic.

The exercise:

1. Remeber a time when you experienced painful or negative crisis or trauma. A past situation where you suffered acutely and you still keep that scene uncomfortably in your memory life.

When you have picked your scene, let yourself re-live it in detail, as if it were happening to you right now. What do you see, hear, experience? Close your eyes if you like and spend the next minute or two in your scene.

2. Go back to the end of that scene. What are you feeling in one word? Sad? Angry? Scared? Ashamed? What do you call yourself in a word? Dumb? Bad? Helpless? Hopeless? Pick your own word. What do you say to yourself about the others in your scene? He is _____.
She is_____. They are _____.
What do they say about yourself? I am _____.
What do you say about life? Life is_____.

Now think about your feelings, your self-imposed attribute, and your statement about self, others, and Life. Maybe you have long since changed yourself and none of this still fits you. That would mean to you that these particular early decisions have been changed by you. If some of these beliefs are still part of your current life you may want to change them.

3. This time you will relive your scene in a new way. Choose an ally. Your ally can be anyone from a favorite teacher, a movie star, a sports figure. Or maybe you prefer

a favorite relative. This ally will help you to emerge victorious without changing any of the characters in the scene. Of course, you'd like to change them. Who wouldn't! You'd like to make your parents or teachers more understanding and wise and loving, and you'd like your peers to applaud you. The idea is to win in your scene without changing them. Now, take your ally into the scene with you. Let your ally lead you so that you are no longer a victim. Instead you are a winner, and your negative scene has ended positively. Close your eyes if you like and spend a few minutes in your scene with your ally. Experience your scene differently.

4) If you let yourself enjoy and you like what you did, move on to number 5. If not, what went wrong? Perhaps you are stuck with the belief that others should change. That you tenaciously believe that Life should be Fair, even though you've had a lot of experience that this just isn't so. Are you waiting for happiness until those others back then admit their guilt?

Did you let your scene be funny? One of the best ways of shrinking into insignificance all the painful and negative experiences of our past is to laugh them all away.

Perhaps you chose the wrong ally. At times we all do that. So choose again. Some jobs take a superwoman or a saint. When you have found the right ally, you may close your eyes if you wish and take as much time as you want.

5. Now that you have lived your scene successfully, with your ally's help, you can be your own ally! Pay attention to what attributes your ally brought into the scene and make them your own.

Now re-enter your remembered negative scene without your ally, and allow yourself to emerge victorious.

6. Did you enjoythe new positive scene? Go back to the end of the scene. What are you feeling in a word? What do you call yourself, if you do, in a word? What do you say to yourself about others, about yourself, and about life? Did you make Redecisions during this exercise? What are they? You returned to your past trauma and felt, thought, believed, and/or acted in a new way. That is what is called a Redecision.

This time you made your Redecision via visual imagery. In order to sustain any Redecision, the image must be practiced as soon as possible in reality. You can use questions such as:

How can you use your final beliefs about yourself and others in your life today and tomorrow? How will you continue to be your own ally? This exercise as originated by Mary Goulding can be found in Kadis (1985).

In my use of imagery, my goal with clients is to have them associate with pleasant memories and dissociate from unpleasant ones.

Associated means going back and reliving the experience, seeing it from your own eyes. You see exactly what you saw when you were actually there. You may see your hands in front of you, but you can't see your face unless you're looking in a mirror.

Dissociated means looking at the memory image from any point of view other than from your own eyes. You might see it as if you were looking down from an airplane, or you might see it as if you were someone else watching a movie of yourself in the situation. Dissociation can be used for pain control, for example. If you watch yourself have pain, you're not in your body to feel it.

Teaching someone how, and when to associate or dissociate is a profund and pervasive way to change the quality of a person's experience and the behavior that results from it. Dissociation is particularly useful for intensely unpleasant memories.

One of the most effective results of this process is the phobia cure as used by Richard Bandler (1985). The process can best be demonstrated by using your own experience of walking through the exercise.

First imagine that you're sitting in the middle of a movie theatre, and up on the screen you can see a black-and-white snapshot in which you see yourself in a situation just before you had the phobic response...

Then imagine yourself floating out of your body up to the projection booth of the theatre, where you can watch yourself watching yourself. From that position you'll be able to see yourself sitting in the middle of the theatre, and also see yourself in the still picture on the screen...

Now turn that snapshot up on the screen into a black-and-white movie, and watch it from the beginning to just beyond the end of that unpleasant experience. When you get to the end, stop it as a slide, and then jump inside the picture and run the movie backwards. All the people will walk backwards and everything else will happen in reverse, just like rewinding a movie, except you will be inside the movie. Run it backwards in color and take only about one or two seconds to do it...

Now think about what it is you were afraid of. See what you would see if you were actually there...

A word of caution: This phobic procedure is effective in neutralizing strong feeling responses- positive or negative- so be careful what you use it for.

Visualizing Pain

Some techniques for relieving pain encourage the person

to distance himself from the discomfort. Visualizing pain asks the patient to do the opposite. This technique focuses attention right in the middle of the pain. In a relaxed state, the patient creates an image of his pain, visualizing its color, shape, size, texture, odor, and even taste. He repeats the process, imagining again the size, shape, etc. He will often gradually see the pain becoming smaller and smaller until it goes from the size of a basketball to the size of a baseball, then a golf ball, then a marble, and finally it is gone. As the imaginary ball reduces in size, the real pain frequently does too.

The patient can also describe his image of the pain to his psychotherapist, who in turn can help the patient by asking questions. "Tell me the color. How big is the ball? What is the texture? As the patient talks, he will sometimes talk himself right out of the pain. Often a patient will be surprised at how effective this is and gradually announce, "You know what? The pain is gone!" Simonton (1984).

Using Visualization to aid in problem-solving:

As previously discussed, the essential first step in beginning a visualization exercise is to become deeply relaxed. Then, when your eyes are closed, imagine a beautiful calm lake on a warm summer's day. See trees surrounding the lake and then feel in your body a sense of serenity and peace.

Then let an animal come up and sit on the shore of your lake. Engage it in conversaation, share your problem with the animal--it is there to help you and wants to know how it may help you. When you feel comfortable with the animal, ask it how it feels about your decision. Bry (1978).

I have found this exercise to be most helpful to clients who are at an impasse or "stuck" in making an important decision in their lives. By utilizing a new and different approach to problem solving. an image can bypass the thoughts that run through your mind to give you an entirely new dimension on your life.

Visualization for weight problems.

A simple technique that works very effectively is to have the client say to themselves as soon as they get up in the morning: "My body only keeps the food that I need. I'm getting thinner and thinner." Then visualize looking healthy and energetic.

Another way is to have the client visualize wearing the "then" clothes they will wear and to envision themselves slender and light.

Another successful technique involves visualizing three

times each day one's immediate problems and then to place each one in a balloon and watch it float away.

As in all of these techniques, the Law of Requisite Variety is important: The therapist who is most successful in this modality is the one who has available the most options and alternatives to use. The corollary of this law is: If some thing doesn't work: do something different. There is no limit to the resources each client has to use: the effective therapist who utilizes this flexability will be most helpful.

This exercise is included to help our clients as well as the therapist to avoid burnout and exhaustion.

Raising Your Energy Level

Work during the day depletes our energy. Some days seem more draining than others, and some begin with a low stock of energy because of a poor night's sleep. One reason why we rest and sleep is so that we can restore the body's energy. The relaxation periods where you engage in creative visualization will naturally raise your body's energy level. You can, however, use a specific visualization to achieve this.

The following exercise can be successfully utilized if one is feeling drained from working hard and wants to replenish one's energy. There are few words in this creative visualization and it is largely creating a very vivid scene.

While in a relaxed state you imagine yourself lying on a bed with your eyes closed. A beam of sunlight comes down from the sun and envelopes your whole body. You then rise up and pass up the beam of sunlight into the heart of the sun. (At this stage you may want to imagine yourself in a protective bubble so as not to feel the intensity of the heat .) When you reach the heart of the sun you open up your arms and legs making an X shape, including opening your hands and fingers. You then simply imagine that you are absorbing into your body health-giving energy. Really feel the energy going into your body. (Your body may very well tingle during this creative visualization.) If you like, you can at this point add a series of suggestions. They can go something like this...

I can feel the energy from the sun passing into my body. Yes, my body is drawing energy from the sun--energy that my body needs, energy that revitalizes all my body, energy that will pass into every cell and organ of my body. (Keep this up until you feel that your body has sufficient energy.)

When you feel fully energized, bring your arms and legs together, pass back down the sunbeam and return to your lying position on the bed.

This particular visualization can be engaged in either at the end of a session or simply when you feel depleted of energy. It is very good if you are feeling depressed, because depression creates a low level of body energy and the present creative visualization can reverse the process. Shone (1984).

Conclusion

Those who seek psychotherapy are likely to vary not only in their current awareness of the effects of verbal and imagery experience on affective state but also in their current ability to utilize imagery as a cognitive coping device. Thus, the practitioner's initial step in using imagery in therapy is drawing attention to inner experience and verbal-imaginal processes and emphasizing the possibility of utilizing imagery as a resource in treatment. Also, the emphasis on imagery and stream of consciousness encourages the individual to become more aware of the many thoughts, fantasies, expectations and judgements about people and situations which represent distorted and poorly integrated childhood experiences that no longer correspond appropriately to current life circumstances. Furthermore, imagery approaches in psychotherapy can serve to augment rather than replace more traditional verbal approaches. Of particular importance to the person seeking help, however, is not only the discovery of a new capacity to use imagery in generating positive affect and/or in shifting away from certain negative affective patterns, but also the realization that such a capacity is a skill which can be learned and perfected.

Imagery may be regarded as an access system which can also allow a 360 degree view of our inner landscape. By looking in one direction we can identify needs, drives, and beliefs that may be harming or helping us. By looking in another direction we can draw on inspiration, illumination, creativity, and the transpersonal qualities available to us. By looking to the past, we can recall consequences of dysfunctional patterns and also evoke personal strengths and resources. In looking forward in imagery, we have the opportunity to anticipate and rehearse possible events, and to energize and affirm our chosen path.

Imagery allows individuals to participate in a great adventure, an adventure in self-knowledge. It boils down to making friends with your own resources. When this technique is properly employed, it is safer than more invasive psychotherapeuric techniques, such as hypnosis. For example, if there is a danger of breaking down a particular

psychological safeguard or defense, the client is likely to refuse to pursue the matter until a more effective way is found to proceed. In my experience, clients do not move into imagined areas they are not psychologically equipped to handle. Even more important, the client can usually tell exactly what must first be accomplished in order to proceed with their imagery.

I have also found that one of the great benefits of the technique is that it decreases dependency on the therapist. After all, it is clearly the client, not the therapist who is providing the insights that facilitate change and healing. So we as therapists do not have to work so hard! One final area I do focus on is the ability to have fun during this process. That is why one of the most common homework assignments I prescribe is: four hugs per day--one before each meal and one at bedtime. While doctors are quick to review serum cholesterol and serum triglyceride levels, most people in therapy need to increase their "serum fun levels." To the extent that people in therapy can laugh, have fun and see the positive side of the world, they can be free from suffering.

So, is there light at the end of the tunnel? I have found that when I ask my clients this question in regard to their problem or dilemma, if they respond in the affirmative, then the process of mental imagery can be utilized. If they say no--they are unable to see the light at the end of the tunnel--using this procedure is very difficult if not impossible. "About three percent of people cannot seem to get any mental pictures at all, and about three percent are superb at it," according to Stephen Kasslyn, a psychologist at Harvard University who has done much of the new research on mental images. According to Kasslyn, "Imagining abilities are vastly underdeveloped in most of us." However, what I have found in my private practice is that with training and a bit of practice, people can improve immensely in the capcity to use images. Especially if they can "see light at the end of the tunnel."

The last exercise I would like to conclude with is an exercise inspired by the common experience in Yoga meditation of seeing an eye in the inner vision.

Allow yourself to go deeper into relaxation until you discover a kind of hole, or even an eye, in your field of inner vision. Propel yourself toward that hole or eye./ You now see that it is really a tunnel./ On the other side of that tunnel is a place where you will discover what you are looking for./ Now go into that tunnel and go through quickly. Notice everything as you go through, even fleeting impressions./ When you emerge you will find the solution to your problem, either directly or in some symbolic experience./ If you do not find it there immediately, follow

the trail or path that you find there./ As you do, observe everything around you. The answer to your question is there./ Let yourself know it. Wenger (1977).

The theme of journeying in search of a great truth appears in myths of all cultures. Since these adventures are symbolic of the inner journey, they provide wonderful images for visualizations. And so, instead of going through an eye tunnel, at another time you might explore a long, winding path; or climb a steep mountain; or travel across the ocean to a beautiful foreign land. The answers you seek will be at the end of your journey--or tunnel!

References

Bandler, R. (1985). Using Your Brain--for a change. Utah: Real People Press.

Bry, A. (1978). Visualization: Directing the Movies of Your Mind. New York: Harper & Row.

Davis, M. Eshelman & McKay (1982). The Relaxation & Stress Reduction Workbook. Oakland, CA: New Harbinger Publications.

Gawain, S. (1978). Creative Visualization. California: Whatever Publishing, Inc.

Goulding, M. (1985). Redecision Therapy in L. B. Kadis (Ed.), Redicision Therapy: Expanded Perspectives. Watsonville, CA: Western Institute for Group and Family Therapy.

Horowitz, M. (1983). Image Formation and Psychotherapy. New York: Jason Aronson, Inc.

Kroger, W. and Fezler, W. (1976). Hypnosis and Behavior Modification: Imagery Conditioning. Philadelphia: J. B. Lippincott.

Lazarus, A. (1977). In the Mind's Eye: The Power of Imagery for Personal Enrichment. New York: Guilford Press.

McKay, M. Davis, M. & Fanning, P. (1981). Thoughts and Feelings: The Art of Cognitive Stress Intervention. Richmond, CA: New Harbinger Publications.

McKim, R. (1980). Thinking Visually: A Strategy Manual for Problem Solving. California: Lifetime Learning Pub. Wadsworth, Inc.

Oyle, I. (1975). The Healing Mind. Millbrae, CA: Celestial Arts.

Oyle, I. (1976). Time, Space and Mind. Millbrae, CA: Celestial Arts.

Sheikh, A. (1984). Imagination and Healing. Farmingdale, N.Y: Baywood Publishing Co.

Sheikh, A., & Jordan, C. (1983). Clinical Uses of Mental Imagery. In A.A. Sheikh (Ed.), Imagery: Current Theory, Research, and Application. New York: Wiley.

Shone, R. (1984). Creative Visualization. New York: Thorson Publishers Limited.

Shorr, J. (1977). Go See the Movie in Your Head. New York: Popular Library.

Siegel, B. (1986). Love, Medicine and Miracles. New York: Harper & Row.

Simonton, O., Matthews-Simonton, S., & Creighton, J. (1978). Getting Well Again. Los Angelos: J. P. Tarcher.

Simonton, S.M. (1984). The Healing Family: The Simonton Approach for Families Facing Illness. New York: Bantam

Books.
Singer, J. (1974). Imagery and Daydream Methods in Psychotherapy and Behavior Modification. New York: Academic Press.
Wenger, W. (1977). Voyages of Discovery. Maryland: Psychogenics Press.